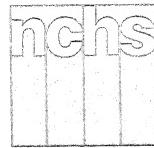


NATIONAL
CENTER FOR
HEALTH
STATISTICS



National Maternal and Infant Health Survey

Public Health Service
Centers for Disease Control



Data collection by the U.S. Bureau of the Census

Rationale for the NMIHS

Despite the continued decline in the overall infant mortality rate in the United States, maternal and infant health problems remain a challenge for the Nation. The objective of the National Maternal and Infant Health Survey (NMIHS) is to collect, in a combined effort, the data needed by Federal, State, and private researchers to study factors related to poor birth outcomes: low birth weight, stillbirth, infant illness, and infant death.

These nationally-representative data will be instrumental for producing information needed for Federal and State low birth weight prevention work groups, infant mortality review teams, adolescent pregnancy initiatives, campaigns to stop pregnant women from smoking, and evaluation of health services.

Approved and endorsed by:

American Medical Record Association
American Hospital Association
American College of Healthcare Executives
American College of Obstetricians and Gynecologists
American Academy of Pediatrics
American College of Nurse-Midwives
Association for Maternal and Child Health and
Crippled Children's Programs
Association for Vital Records and Health Statistics
March of Dimes
Your State Health Department

Protections for respondent confidentiality

The confidentiality of all records in the NMIHS is protected by Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

No information which identifies either the patient or her medical providers will be disclosed to any other agency or anyone outside of the National Center for Health Statistics (NCHS).

NCHS abides by regulations of the 52 State and independent registration areas. Any special State policies or restrictions on contact with respondents will be observed.

All NCHS employees involved in the NMIHS and any data collection contractors are required to observe certain essential rules for protection of confidentiality of records as published in the NCHS Staff Manual on Confidentiality, DHEW Publication No. (PHS) 78-1244, U.S. Department of Health, Education, and Welfare, Public Health Service, Hyattsville, Maryland 20782, July 1978.

If you have any questions on any aspect of the survey, call Ms. Ramirez collect at 301-436-6155.

Study design

For this study, three samples are being drawn from vital records for events occurring in the United States in 1988:

- 10,000 live births – 1 out of every 300
- 4,000 fetal deaths – 1 out of every 5
- 6,000 infant deaths – 1 out of every 6

Data are being collected from mothers, their hospitals, prenatal care providers, and hospitals which provided care to their infants.

Patient's signed request enclosed

The mother participated in the NMIHS and supplied the enclosed statement requesting the release of data from her and her infant's medical records. The statement which she provided covers the release of medical and financial information.

Questionnaires

Mothers were asked about

- Smoking habits
- Drinking of alcoholic beverages
- Nutrition
- Previous pregnancies
- Social and economic variables
- Infant feeding practices
- Work during pregnancy

The hospital questionnaire

Medical records staff are asked to complete the hospital questionnaire, which requests medical and financial data on the mother and infant. Information is needed on the mother's prenatal care, complications and conditions during delivery, and any hospitalizations that the mother had during pregnancy or following delivery. For the infant, data are collected on health status, care and any rehospitalizations.

Copies of UB-82 forms, or other types of hospital billing forms for these hospitalizations, should be attached to the questionnaire. These forms will provide current and accurate financial data.

Prenatal care questionnaire

Prenatal care providers are asked about office visits, blood pressures, and tests. These questionnaires are mailed when prenatal care was given in any facility other than where the mother went for her delivery.

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How data from the NMIHS will be used:

Overall Uses

To facilitate surveillance and epidemiologic research

To produce national and State estimates of unique information not on the birth certificates, reports of fetal death, and death certificates for infants

To comparatively study live births, fetal deaths, and infant deaths since information for these components of the survey is similar in content and design

To compute fetal death ratios, perinatal mortality rates, and neonatal and postneonatal mortality rates for variables not previously studied

To assess demands on maternal and infant health delivery systems

Cosponsors

The National Maternal and Infant Health Survey is being conducted by the National Center for Health Statistics in collaboration with:

Agency for Toxic Substances and Disease Registry
Bureau of Maternal and Child Health and Resources
Development/HRSA
Center for Devices and Radiological Health/FDA
Center for Food Safety and Applied Nutrition/FDA
Center for Chronic Disease Prevention and
Health Promotion/CDC
Center for Prevention Services/CDC
Food and Nutrition Service, U.S. Department of
Agriculture
Indian Health Service/PHS
National Institute of Alcohol Abuse and
Alcoholism/ADAMHA
National Institute for Child Health and Human
Development/NIH
National Institute on Drug Abuse/ADAMHA
National Institute for Mental Health/ADAMHA
Office of Minority Health/OASH
Office of Planning and Evaluation/PHS

Additional Followup and Information

In order to provide additional information, data collected in the NMIHS merged with other health data sets, such as the American Hospital Association Annual Survey. However, no information which identifies you or your facility ever be revealed to anyone.

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Data from the National Maternal and Infant Health Survey will be used to study causes of low birth weight, stillbirth, and infant death.

Respondent Burden

Public reporting burden for this collection of information is estimated to average 40 minutes per response to complete the questionnaire or 10 minutes for sending a photocopy of the medical record. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NMIHS Project Officer, National Center for Health Statistics, 3700 East-West Hwy., Room 1-44, Hyattsville, Maryland 20782; or to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.